

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/916,235
	Filing Date	07/25/2001
	First Named Inventor	Johnson
	Art Unit	3762 Conf. No. 6858
	Examiner Name	Gibson, R.
	Attorney Docket Number	37167-8040.US01

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

In an email dated 05/15/2008, the client has requested that this file be transferred to the law firm identified below

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ABELMAN, FRAYNE & SCHWAB				
Address	666 Third Avenue				
City	New York	State	NY	Zip	10017-5621
Country	US				
Telephone	212 949-9022	Email	hahn@lawabel.com		
Signature	/Peter J. Dehlinger/				
Name	Peter J. Dehlinger	Registration No.	28,006		
Date	May 16, 2008	Telephone No.	650 838-4300		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.